Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

## 2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Please check if this is an update to a previously filed statement for the calendar year 2008.

Covering the calendar year January 1, 2008 through December 31, 2008

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 17, 2009.

Name David RHastings		Member of:				
	Name David R. Hastings III					
Mailing address 255 Main St	District 13					
City, zip code Fryelows ME 04	Phone 935-3175					
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.						
Name of Employer	Address	Principal Type of Economic Activity of Employer				
1.401.403.400 -1.1.4 131.	7060x250 Yebung ME 0403 <sup>17</sup>	Law firm				
West Oxford Agricultural Society	2+.5 Tydowg ME 04037	operates Fryelourg Fair				
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)						
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.						
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
Name:	and the second s	The contraction of the contracti				
Address:						
Name:		Average and a second a second and a second and a second and a second and a second a				
Address:						

PART 2 (continued). INCOME D (For Legislators v	ERIVED FROM SELF-EMPLO who are self-employed.)	YMENT
B. List each source of income derived from self-employment that is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of principal type of principal type of economic activity of the entity or person from whom the income was derived.	represents more than 10% of your ne entity or person from whom you	derived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		ing a samanan menggar a magamat ang an mang i Ganadasan ang ang ang ang ang ang ang ang ang a
Address:		THE PART OF THE PA
Name:		
Address:		
England and the second of the	AREAS OF PRACTICE are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, lis		r firm.
Name and Address of Firm	Major Areas of Pra (self)	ctice Major Areas of Practice (firm)
Name: Hastings Law Office P.A	Ralestata, bu	some puis
Address: POBOX 290 Fryebung ME 04037	al trusts pert	stes hitigation and
Name:	<del></del>	erannamenten over om er en
Address:	të istik romatorit	and and a second
PART 4. OTHER S	SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1	, 2, or 3 of this form. Do not include	e gifts. If none, check the box.
None	1-19-19-19-19-19-19-19-19-19-19-19-19-19	·
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Hostings Law Office P.A.		
Address: FOBOX 250, Fryebuse, HE		rent
Name: NEA Bank, ETrade Financial	1857N 91 (1990) NABANI AND	interestand Dividends
Address:	On-	bankauts + stock
	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list loans from	more that you received during the a relative. If none, check the box	reporting period, and list the major
None	матимент на принципалните на принципални	64
Name and Address of Creditor	$\mathcal{C}_{i_{1}}^{(i_{1},i_{2})}(\mathcal{C}_{i_{2}})$ , $\mathcal{C}_{i_{1}}^{(i_{1},i_{2})}(\mathcal{C}_{i_{2}})$ and $\mathcal{C}_{i_{2}}^{(i_{1},i_{2})}(\mathcal{C}_{i_{2}})$ , $\mathcal{C}_{i_{1}}^{(i_{1},i_{2})}(\mathcal{C}_{i_{2}})$ , $\mathcal{C}_{i_{2}}^{(i_{1},i_{2})}(\mathcal{C}_{i_{2}})$	Principal Type of Economic
N		Activity of Creditor
Name: Address:		
Name:	nadurum anna anna anna anna anna anna anna an	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Address:		
PART 6. REP	ORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gift none, check the box		than \$300 from a single source. If
None	AND THE PROPERTY OF THE PROPER	in the state of th
Name of Source of Gift	······································	Source of Gift
1.	3.	
2.	4.	

PART 7. REPORTABLE HONORARIA					
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.					
None					
Name of Source of Honoraria Name of Source of Honoraria					
1.	<b>3</b> .				
2.	4.				
PART 8. REPRESENTATION BEFORE STATE AGENCIES					
List each executive branch agency before which you represented the box.	or assist	ed other	rs for	compensation of any amount. If none, check	
☑ None	. Okazali e na		***************************************		
Name of Agency				Name of Agency	
1.	3.	3.			
2.	4.				
PART 9. BUSINESS W	/ITH ST	ATE A	GENO	CIES	
List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.					
None					
Name of Agency	Name of Agency				
1.	<b>3</b> .				
2.	4.				
PART 10. INCOME RECEIVED BY	MEMBE	ERS OF	- IMM	EDIATE FAMILY	
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.					
Type of Economic Activity Representing Source of Income Recei	ived	Circ appror lett	oriate	Kind of Income	
1. New Hompshire Retirement System		(S)	D	pensión	
2. SAU Nine - Conway, New Hampohie		(s)	D	retirement bone fit	
3. Etrodo Financial, NEA Bank, Vanguard Invotant		<u>s</u>	D	retirement benefit dividends + interest	
4.		s	D		
SIGNATURE					
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)					
The intentional Stime of a false statement is a Ol					

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

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Date

NAME:	DATE:					
ADDRESS:		uarana anana kangangangangang ang ang ang ang ang ang				
ADDITIONAL INFORMATION						
Please provide any additional information you are providing.	l information below (and on additional sheets if needed).	Indicate the part or section number for the				
Part/Section Number						
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Zamon covaria						
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